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CONFIRMATION NO. 3437

<b>SERIAL NUMBER</b> 10/623,316	<b>FILING OR 371(c) DATE</b> 07/17/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> DI-5766
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/397,131 07/19/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 10/21/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials:	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 61	<b>INDEPENDENT CLAIMS</b> 7
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**ADDRESS**  
29200

**TITLE**  
Systems and methods for performing peritoneal dialysis

<b>FILING FEE RECEIVED</b> 1824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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